.+OAO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT EASTERN DISTRICT OF TENNESEE AT GREENVILLE

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)	SUMMONS	2:08-cv-126
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TO: Champion Laboratories c/o CT Corporation System 208 S Lasalle Street Suite 814 Chicago, IL 60604

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address) an answer to the complaint which is served on you with this summons, within twenty (20) days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

PATRICIA L. MCNUTT, CLERK	4/28/08			
CLERK Manes Mahery (By) DEPUTY CLERK	DATE			

Case 1:08-cv-04800 Docu RETURN OF SERVICE	ment 13	Filed 05/21/2008	Page 2 of 3				
Service of the Summons and complaint w	as made by n	ne ¹ DATE	5120108				
Scattis Si	_						
NAME OF SERVER (PRINT)	77	TITLE _					
Check one box below to indicate appropri	iate method o	f service					
()Served personally upon the defendant.	Place where	served:					
()Left copies thereof at the defendant's described age and discretion then residing to complaint were left	herein. Name	e of person with who					
()Returned unexecuted:		10					
(Other (specify):	ed Ma	il / Ketur	a feceipt				
STATEMENT OF SERVICE FEES							
TRAVEL SERVICES		TOTAL					
DECLARATION OF SERVER							
I declare under penalty of perjury unde foregoing information contained in the R and correct.							
Executed on: 5/2/68 Date	5	mature of Server Ball & Scott 50 W Main	\$ 5. , Svite 60'				
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Address of Server

¹ As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure

form so that we can return this below the article number. I also wish to receive the following services (for an extra fee): 1. \[Addressee's	4a. Article Number 4b. Service Type 4b. Service Type Begistered Charling Code Charling Code Charling Code C	8. Addressee's Address (Uniy It requested and fee is paid)		102595-98-B-0229 Domestic Return Receipt
SENDER: Complete items 1 and/or 2 for additional services. Complete items 3. 4a, and 4b. Complete items 3. 4a, and 4b. Partin your name and address on the reverse of this form so that we can recard to you. Attach this form to the front of the mailpiece, or on the back if space does permit. White "Heturn Receipt Requested" on the mailpiece below the article nun a The Return Receipt will show to whom the article was delivered and the	3. Article Addressed to: 3. Article Addressed to: 3. Article Number 3. Article Addressed to: 4a. Article Number 4b. Service Type 10. Experiment Type 10. Experime	5. Received By: (Print Name) 8.	6. Signature: (Addressee or Agent)	2 PS Form 3811, December 1994